



Incident Report

Print Date/Time: 07/20/2016 09:57
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00014089

Incident Date/Time: 7/20/2016 3:54:00 AM
Location: 2800 BLK 99TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 212-8478
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0112-Warbis
19N3	SS0135-Parnell
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MILLS, DAVID					
1	Driver	WEITZEL, TAYLOR ROCHELLE	9619 S LAKE STEVENS RD Lake Stevens WA 982584734	(425) 931-0191		Female	05/28/1997
2	Driver	2016-00014089, UNKNOWN			Unknown	Unknown	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXK8310	
Involved Vehicle						B36779R	

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/20/2016 : 04:59:56 SP0288 Narrative: ROADWAY CLEAR, TOW COMING LATER

07/20/2016 : 04:36:27 SP0288 Narrative: UNABLE TO FIND PHONE FOR THEM

07/20/2016 : 04:34:22 SP0288 Narrative: OWNERS REQ FOR "TERRY TOWS" BOTHELL

07/20/2016 : 04:07:45 SP0321 Narrative: CMD TERM ALL UNITS IN SERV

07/20/2016 : 04:06:22 SP0321 Narrative: 1 GRN PT

07/20/2016 : 04:06:00 SP0321 Narrative: A82 HAS CMD, 1 VEN MINOR DAMAGE CKING FOR INJ.

07/20/2016 : 03:58:14 SP0291 Narrative: LR291

07/20/2016 : 03:57:53 SP0291 Narrative: FEM SAYS SHE FELL ASLEEP

07/20/2016 : 03:57:06 SP0291 Narrative: RAV 4

07/20/2016 : 03:57:01 SP0291 Narrative: VEH-SIL TOYOTA

07/20/2016 : 03:56:22 SP0291 Narrative: 1 CAR ACCIDENT, FEM CON/BN



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00014089VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>MILLS David W.</u>	RACE <u>B</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>1-21-60</u>	AGE <u>56</u>	HGT <u>5'6"</u>	WGT <u>190</u>	HAIR <u>B</u>	EYES <u>G</u>
STREET ADDRESS <u>2822 99th Ave NE A</u>			CITY <u>Lake Stevens WA</u>			STATE <u>WA</u>		ZIP <u>98258</u>	
HOME PHONE <u>425-212-8478</u>		CELL PHONE <u>425-212-8478</u>		WORK PHONE <u></u>					
EMAIL ADDRESS (OPTIONAL) <u></u>				PLACE OF EMPLOYMENT <u>Retired</u>					

STATEMENT:

Car Fail to make the cones
Jump the Road and crash into other vehicle.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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B 3677912

COLLISION REPORT 16-00014089, 072016

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E564988**CASE # **2016-00014089**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
								DATE OF COLLISION							

ON (PRIMARY TRAFFIC WAY)	INTERSECTION	NON-INTERSECTION	BLOCK NO.	MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)

UNIT 01	MOTOR VEHICLE	PEDAL-CYCLE	DAMAGE THRESHOLD MET	PHONE

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS

CITY	ST	WA	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B.	MMDDYYYY

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE

REGISTERED OWNER INFO. **TAYLOR WEITZEL 9619 S LAKE STEVENS RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING	CITATION #	CHARGE

UNIT 02	MOTOR VEHICLE	PEDAL-CYCLE	PEDESTRIAN	PROPERTY OWNER	DAMAGE THRESHOLD MET	PHONE

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET NEW ADDRESS

CITY	ST	ZIP

CDL	RESTRICTIONS	ENDORSEMENTS

DRIVER'S LICENSE #	STATE	SEX	D.O.B.	MMDDYYYY

ON DUTY	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

LICENSE PLATE #	STATE	VIN#

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE

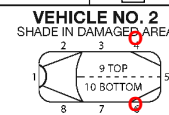
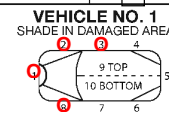
REGISTERED OWNER INFO. **JEFFREY MARKEL 8316 NE 176TH PL APT A KENMORE WA 980281819 D: 4257506705**

LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING	CITATION #	CHARGE

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY

PART A	3000-345-159 R (7/06)	PAGE 01 OF	3
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E564988**CASE # **2016-00014089**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MILLS DAVID W																	
ADDRESS & PHONE #										2822 99 AVE NE #A LAKE STEVENS WA 98258 4252129478		SEX	M	D.O.B. MMDDYYYY	01	-	21	-	1956
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 2 was parked in its driveway un-occupied facing North at 2717 99 Ave. N.E. #A. Unit 2 was Northbound on 99 Ave. The driver of Unit 1 said she fell asleep while driving and did not wake until impact. A witness that was out walking said that Unit 1 was traveling at a high rate of speed and left the road in the onset of the curve, drove through the ditch just missed a tree got airborne and struck the back end of Unit 2. The driver of Unit 1 advised that she was not injured and declined aid. The driver made arrangements for the vehicle to be towed later in the morning. The owner of Unit 2 was notified. Both parties were given an exchange of information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. BROOKS
07-20-16 05:49 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

7/20/2016 5:49:55 AM

BADGE OR ID #

0013

ORI #

WA0311900

TIME POLICE DISPATCHED

3:55 AM

TIME POLICE ARRIVED

3:58 AM

REPORT NO. E564988

CASE # 2016-00014089

DATE AND TIME
OF COLLISION 07/20/16 03:54

